

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

882197

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7	1						57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14	1						64						
15	1						65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	4						TOTAL IND.						
T TAL DEP.	11						TOTAL DEP.						
T TAL CLAIMS	15						TOTAL CLAIMS						